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|--|----------------------|--|------------|----------|--------|
| Craig County Building/Zoning Permit | | Application # _____ | | | |
| P.O. Box 308 | | NEW CONSTRUCTION / ADDITIONS / MOBILE HOMES | | | |
| 108 Court Street | Phone: 540-864-5010 | # Fireplaces: | | | |
| New Castle, VA 24127 | Fax: 540-864-5590 | # Bedrooms: | | | |
| | | # Full Baths: | | | |
| | | # Half Baths: | | | |
| | | # Stories: | | | |
| Date of Application: _____ | | # Units: | | | |
| TYPE OF WORK (circle) | | Is Construction in Flood Plain? Yes ___ No ___ If yes, ask for Code of Ordinances 50-85 | | | |
| New Construction | Alteration | Water Source: (circle) | Public | Well | |
| Addition | Demolition | Sewage: (circle) | Public | Septic | |
| CATEGORY OF CONSTRUCTION (circle) | | Water/Sewage/Well/Septic # | | | |
| Single Family Dwelling | Patio Home | | | | |
| Manufactured Home | Multi-family(Duplex) | Heat Type: | Heat Pump | Gas | Elec. |
| Accessory Structure (describe) | | | Wood Stove | Solar | Oil |
| Other (describe) | | | Hot Water | | |
| SCOPE OF WORK (Describe briefly) | | | Other | | |
| | | Foundation Type: | Slab | Crawl | |
| | | (Circle One) | Basement | | |
| | | All Construction: | | | |
| | | Living Area: | | Sq. Feet | |
| | | Garage Area | | Sq. Feet | |
| | | Basement (unfinished) | | Sq. Feet | |
| | | Carport Area: | | Sq. Feet | |
| | | Deck Area: | | Sq. Feet | |
| | | Covered Porch: | | Sq. Feet | |
| | | Gazebo / Storage/Barn | | Sq. Feet | |
| PROPERTY OWNER | | MANUFACTURED HOME ONLY | | | |
| Name: | | Type (circle) | Single | Double | Triple |
| Mailing address: | | Manufacturer: | | | |
| City / State / Zip | | Year | | | |
| Phone: | | Cell: | Cost: | \$ | |
| APPLICANT (if other than owner) | | | | | |
| Business name: | | Permit fees are based on square footage. | | | |
| Contractor name: | | | | | |
| Address: | | Sq. Footage: _____ | | | |
| City / State / Zip | | Value of Build: _____ | | | |
| Lic# | | Zoning Fee: _____ | | | |
| Phone | | Class License | | | |
| Exp.Date: | | Cost of Permit: _____ | | | |

OWNERS AFFIDAVIT: (complete if applicant is not a licensed cont.) I affirm that I am the owner of the property described in this application and that I am familiar with the prerequisites of Section 54.1-111 of the Code of Virginia, as amended, and I am not subject to licensure as a contractor or subcontractor or subcontractor. I am also aware that it is a violation of State Law to hire or award a contract to an unlicensed contractor.

I hereby certify that I am the owner of the record of the herein described property, or that the proposed work has been authorized by the owner of record and that I have been authorized to make this application as a designated agent. I agree to conform to all applicable state and local regulations, rules and policies and such shall be deemed a condition entering into the exercise of the permit. In addition, if a permit is issued, I certify that the code official or his authorized representative shall have the authority to enter the area(s) described herein at any reasonable hour for the purpose of enforcing the provisions of the applicable code(s).

APPLICANT: _____ DATE: _____

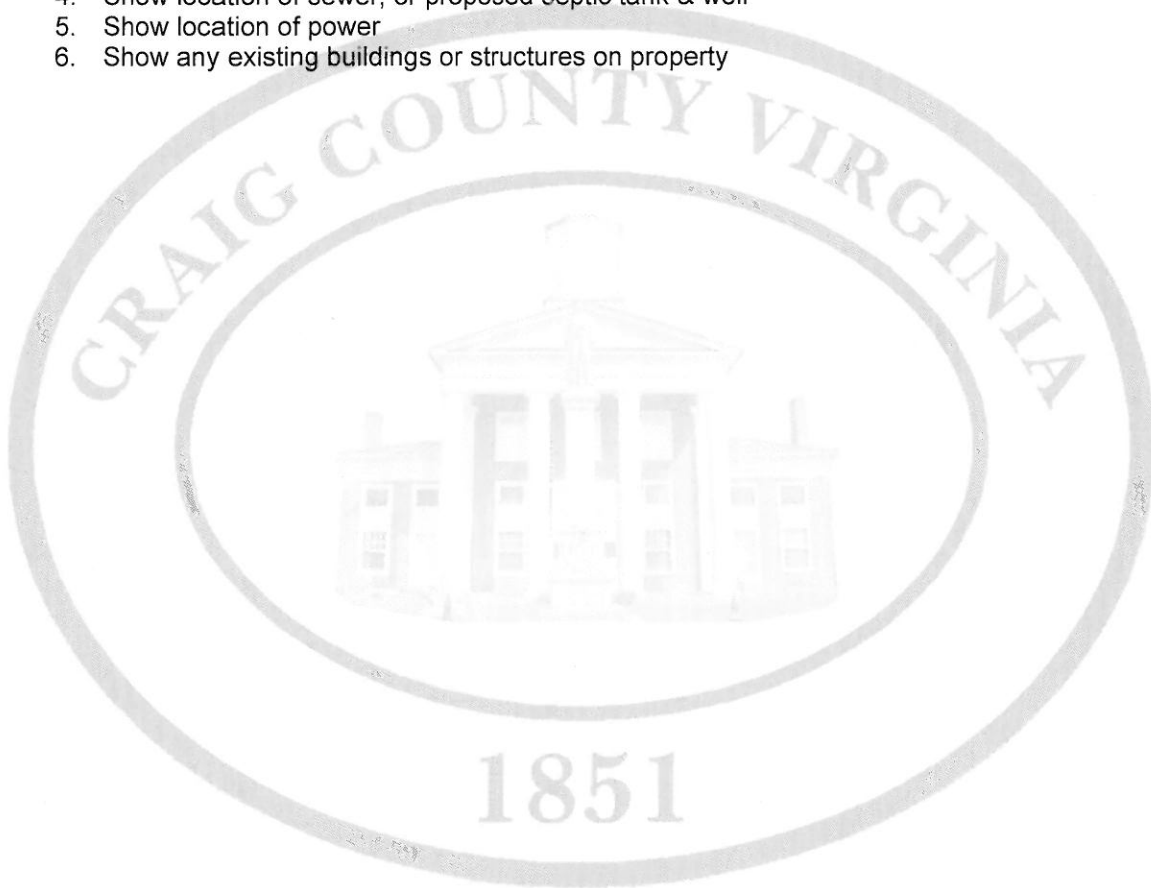
Directions to Site from New Castle: _____

Craig County Virginia – Building Permit Request – Application Data

Plot plan must be completed and approved prior to permit being issued.

Tax Map Parcel # _____ Zoning District _____

1. Show adjoining streets or roads to property and driveways.
2. Draw the lot(s) or parcel of land
3. Draw proposed structure(s) on the property:
 - a. show dimensions (in feet) of structure, porches, carports, garages, out buildings and basements
 - b. show setbacks (in feet) from proposed structure to front, back right and left sides of lot line
4. Show location of sewer, or proposed septic tank & well
5. Show location of power
6. Show any existing buildings or structures on property



Name: _____(on application)

Owners Affidavit: I hereby affirm that I have measured the distances of the above setbacks and they are true and correct as stated in drawing. If measurements are found to be incorrect, I will remedy the required setbacks at my own expense.

Name: _____ Date: _____

Owner (or licensed contractor)